



## MARYLAND Department of Health

### **Public Health Preparedness and Situational Awareness Report: #2019:45**

Reporting for the week ending 11/9/19 (MMWR Week #45)

**November 15th, 2019**

#### **CURRENT HOMELAND SECURITY THREAT LEVELS**

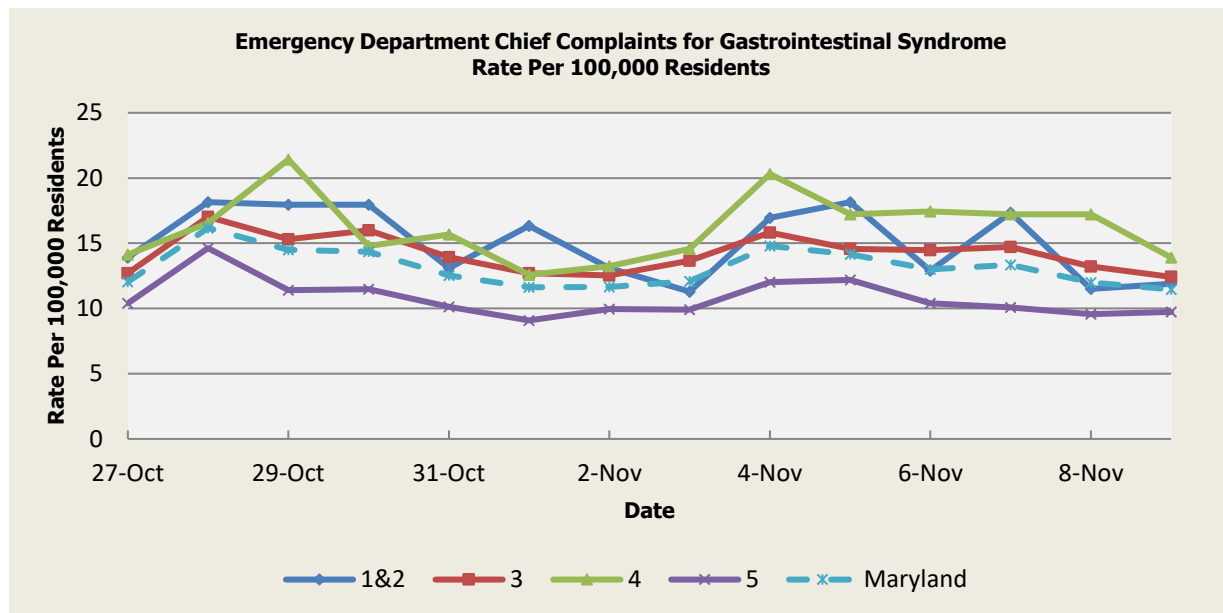
<b>National:</b>	<b>No Active Alerts</b>
<b>Maryland:</b>	<b>Normal (MEMA status)</b>

### **SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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## Gastrointestinal Syndrome



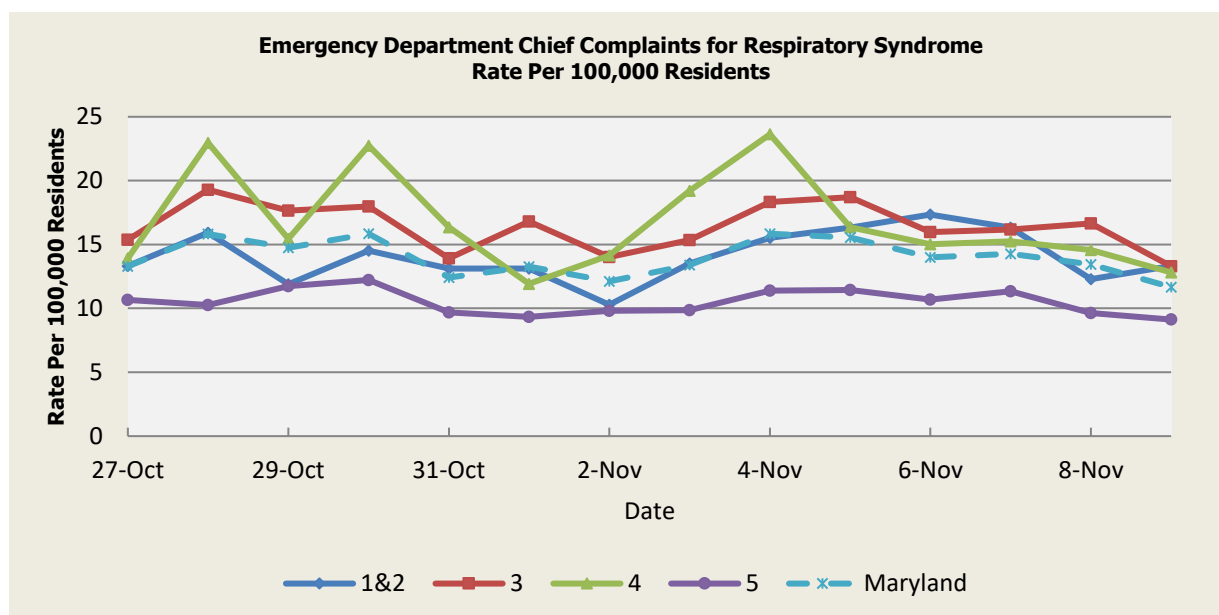
There were two (2) Gastrointestinal Syndrome outbreaks reported this week; two (2) outbreaks of Gastroenteritis in Nursing Homes (Regions 1&2,4).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.32	15.08	15.94	10.26	13.15
Median Rate*	13.11	14.87	15.46	10.17	13.02

\* Per 100,000 Residents

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## Respiratory Syndrome



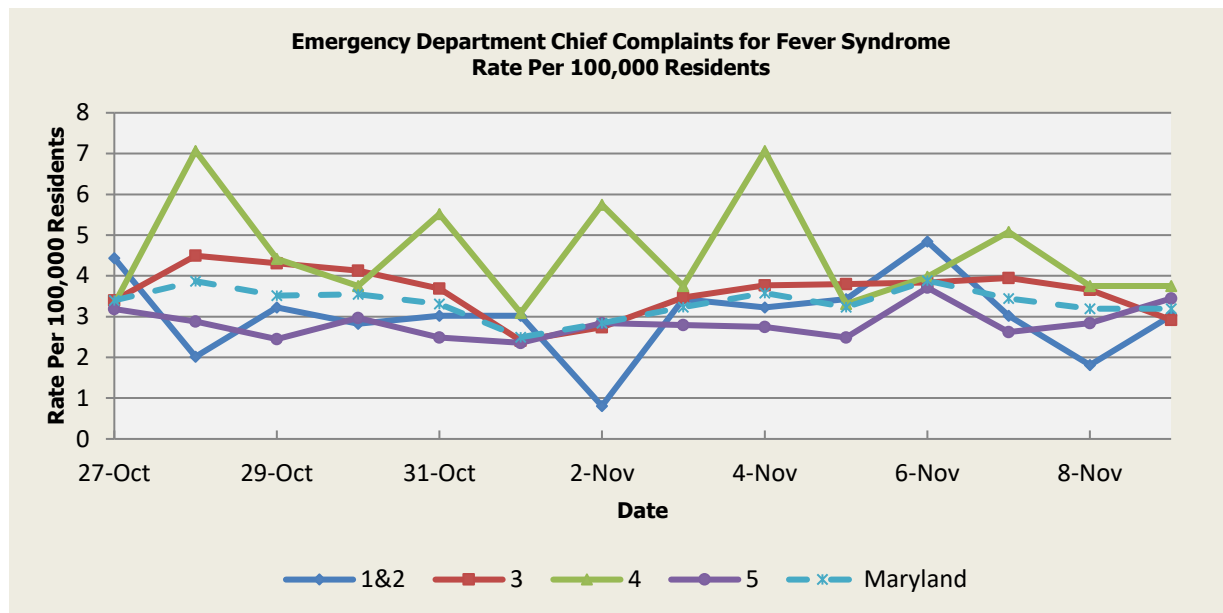
There was one (1) Respiratory Syndrome outbreak reported this week; one (1) outbreak of ILI associated with a Daycare Center (Region 5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.63	14.71	15.06	9.95	12.74
Median Rate*	12.10	14.18	14.35	9.60	12.26

\* Per 100,000 Residents

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## Fever Syndrome



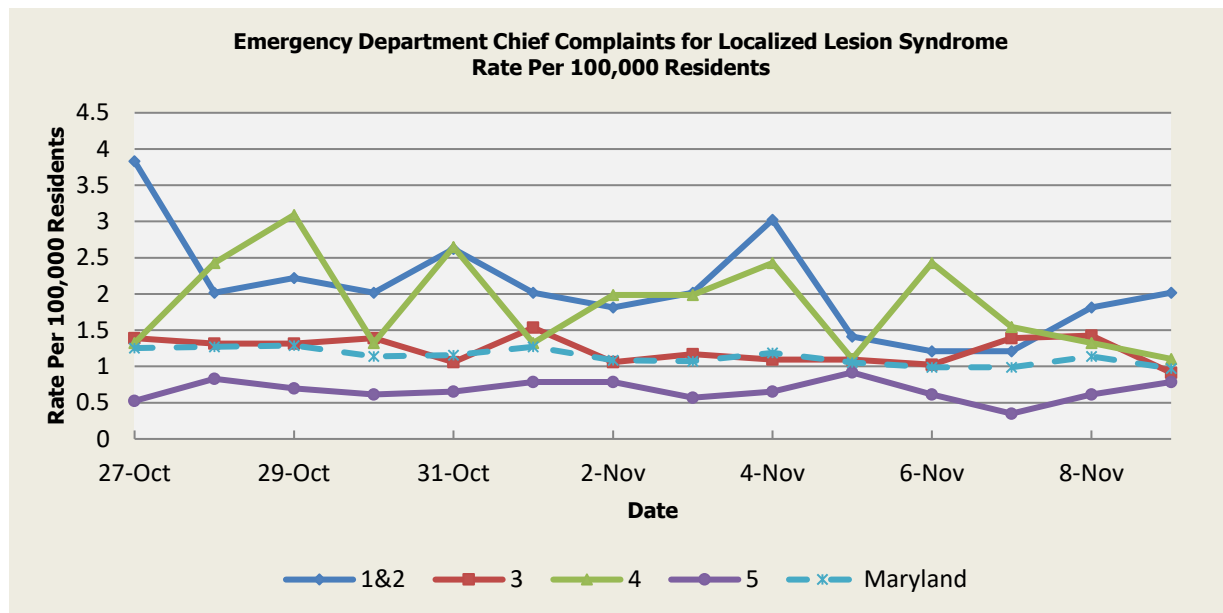
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

*\*Per 100,000 Residents*

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## Localized Lesion Syndrome



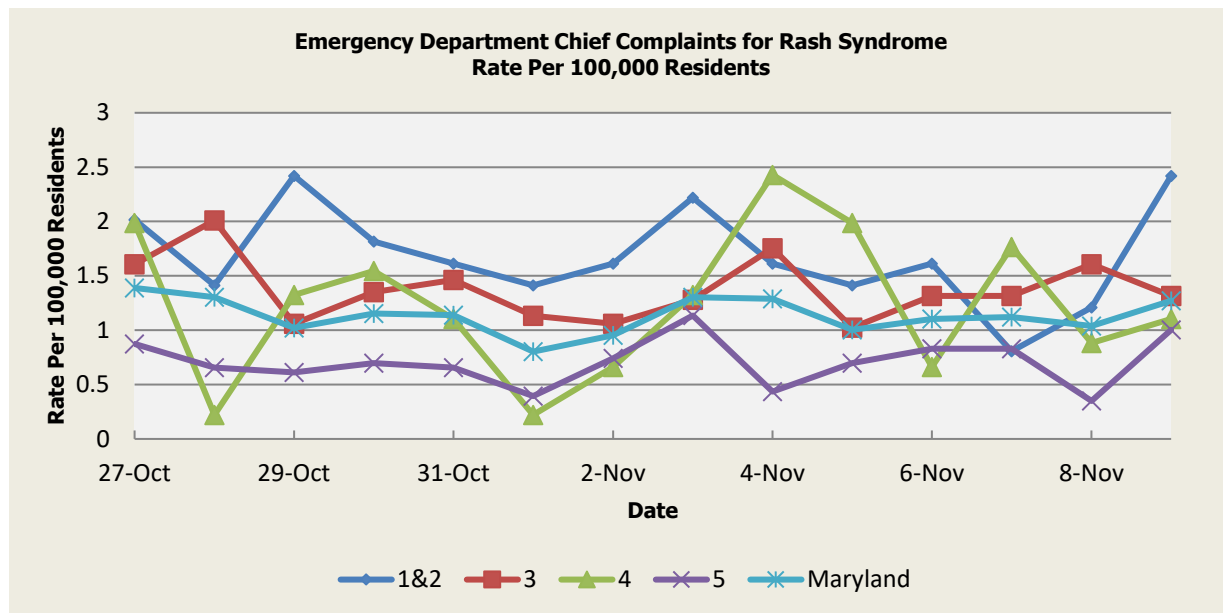
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.79	2.05	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

\* Per 100,000 Residents

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## Rash Syndrome



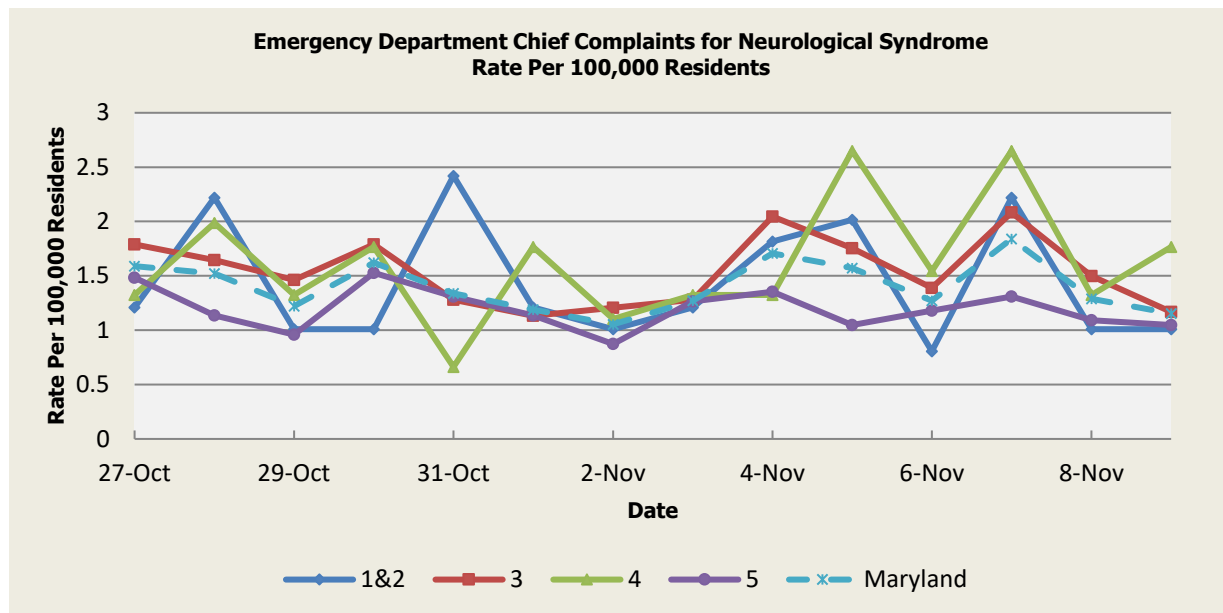
There were no Rash Syndrome outbreak reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.25	1.67	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

\* Per 100,000 Residents

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## Neurological Syndrome



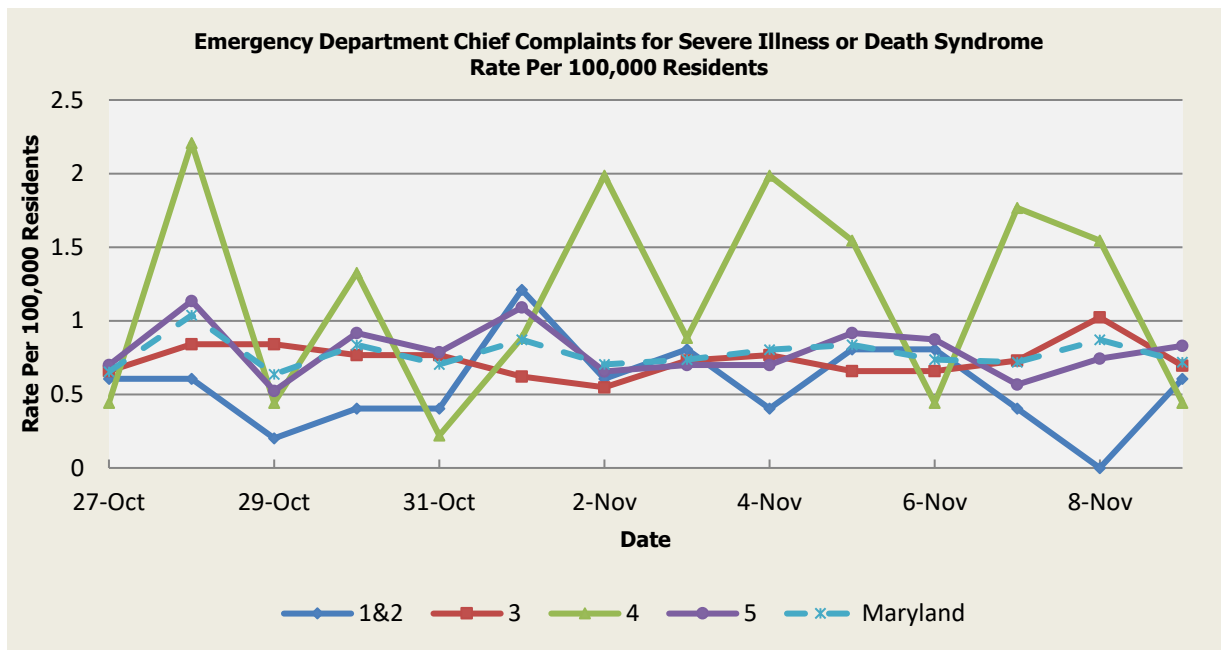
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.79	0.96	0.87	0.61	0.81
Median Rate*	0.81	0.88	0.88	0.57	0.72

\* Per 100,000 Residents

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## Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.89	0.84	0.52	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

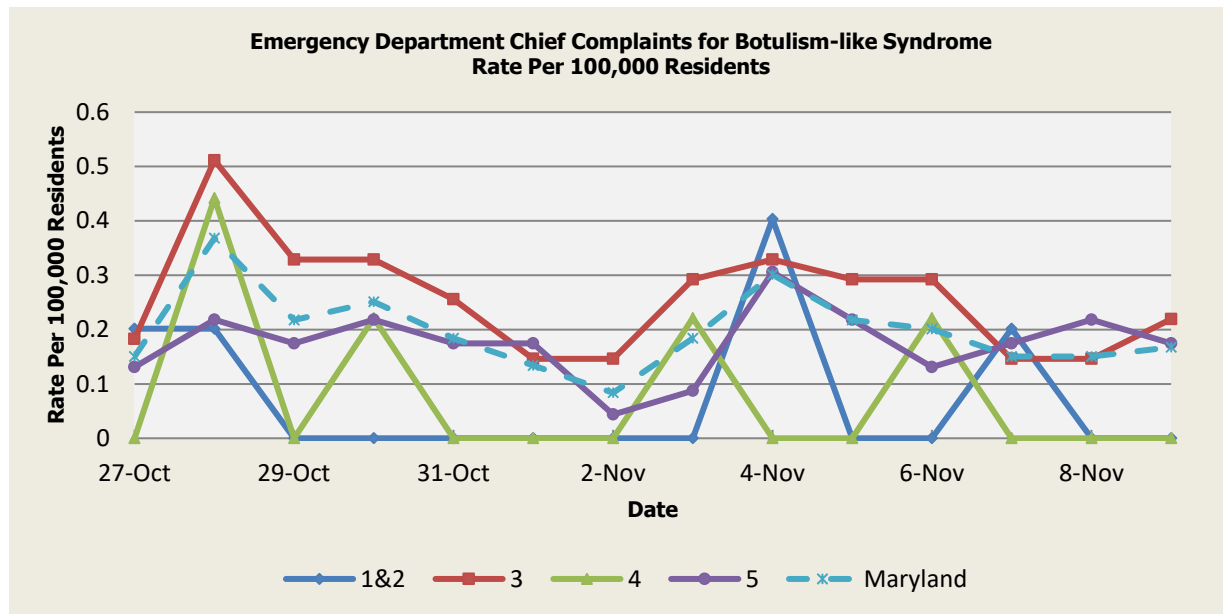
\* Per 100,000 Residents

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## **SYNDROMES RELATED TO CATEGORY A AGENTS**

### **Botulism-like Syndrome**



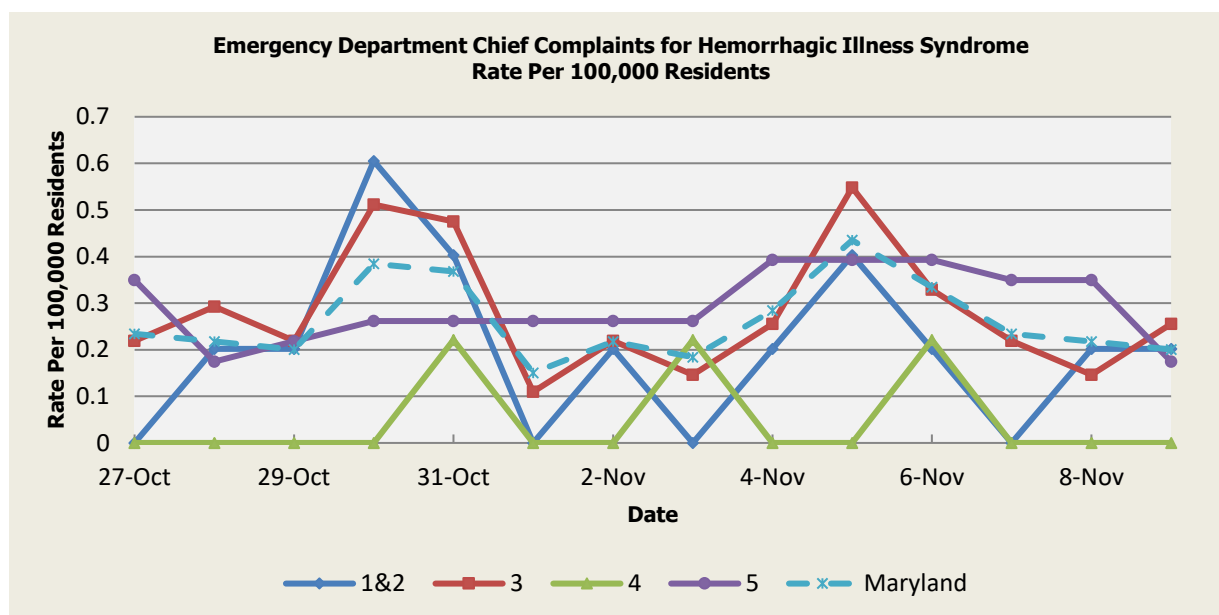
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome, 10/27 (Region 1&2), 10/28 (Regions 1&2,3,4,5), 10/29 (Regions 3,5), 10/30 (Regions 3,4,5), 10/31 (Regions 3,5), 11/1 (Region 5), 11/3 (Regions 3,4), 11/4 (Regions 1&2,3,5), 11/5 (Regions 3,5), 11/6 (Regions 3,4), 11/7 (Regions 1&2, 5), 11/8 (Region 5), 11/9 (Region 5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

\* Per 100,000 Residents

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## Hemorrhagic Illness Syndrome



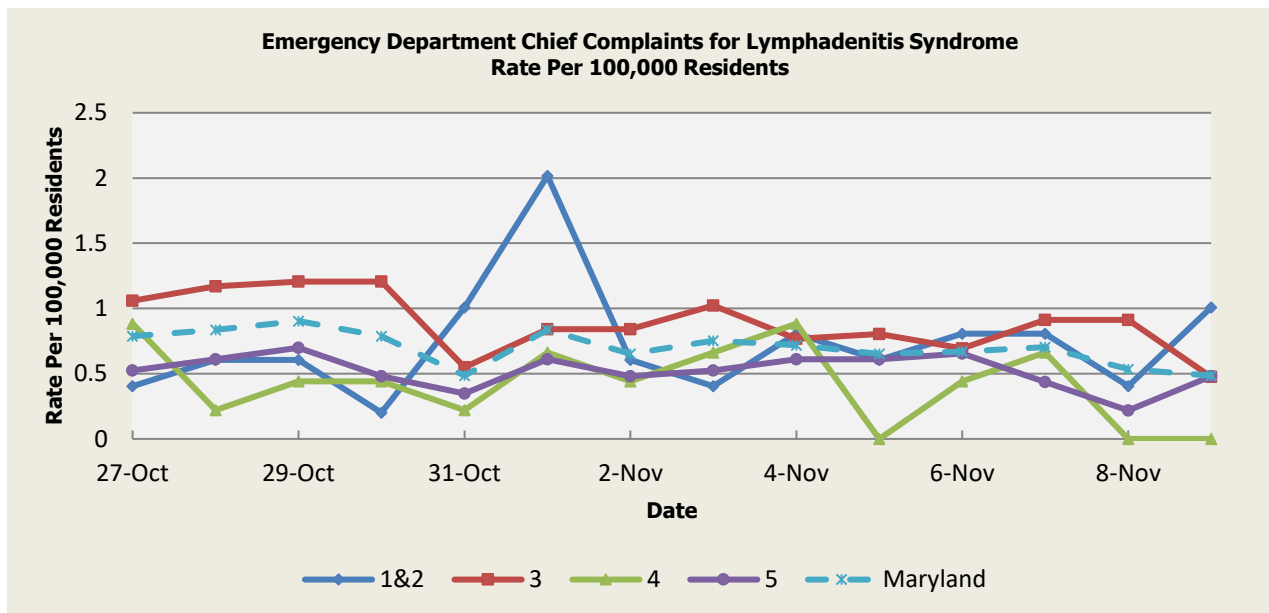
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome, 10/27 (Region 5), 10/28 (Region 1&2), 10/29 (Region 1&2), 10/30 (Regions 1&2,3,5), 10/31 (Regions 1&2,3,4,5), 11/1 (Region 5), 11/2 (Regions 1 &2,5), 11/3 (Regions 3,4), 11/4 (Regions 1&2,5), 11/5 (Regions 1&2,3,5), 11/6 (Regions 1&2,3,4,5), 11/7 (Region 5), 11/8 (Regions 1&2,5), 11/9 (Region 1&2). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

\* Per 100,000 Residents

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## Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome 10/27 (Region 4), 10/29 (Region 3), 10/30 (Region 3), 10/31 (Region 1&2), 11/1 (Region 1&2), 11/4 (Regions 1&2,4) 11/6 (Region 1&2), 11/7 (Region 1&2), 11/9 (Region 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.38	0.60	0.40	0.39	0.48
Median Rate*	0.40	0.51	0.44	0.35	0.44

\* Per 100,000 Residents

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## **MARYLAND REPORTABLE DISEASE SURVEILLANCE**

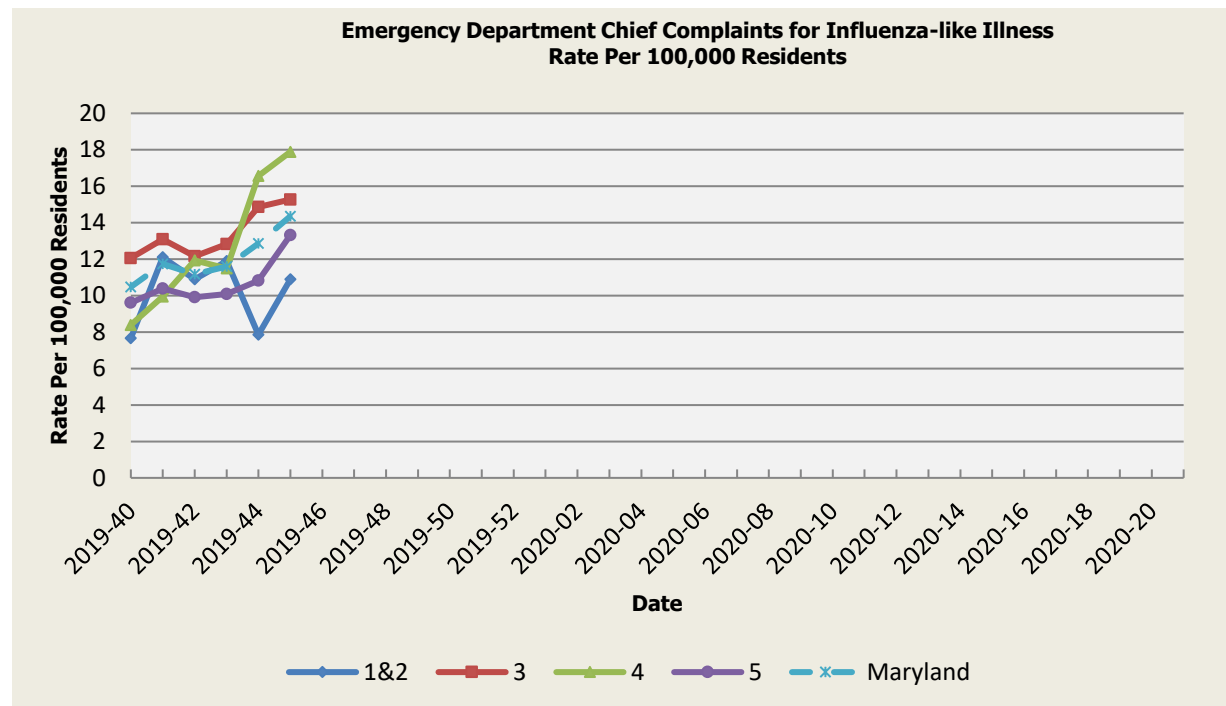
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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## **SYNDROMIC INFLUENZA SURVEILLANCE**

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 45 was: Minimal Intensity and Widespread geographic activity.

### **Influenza-like Illness**

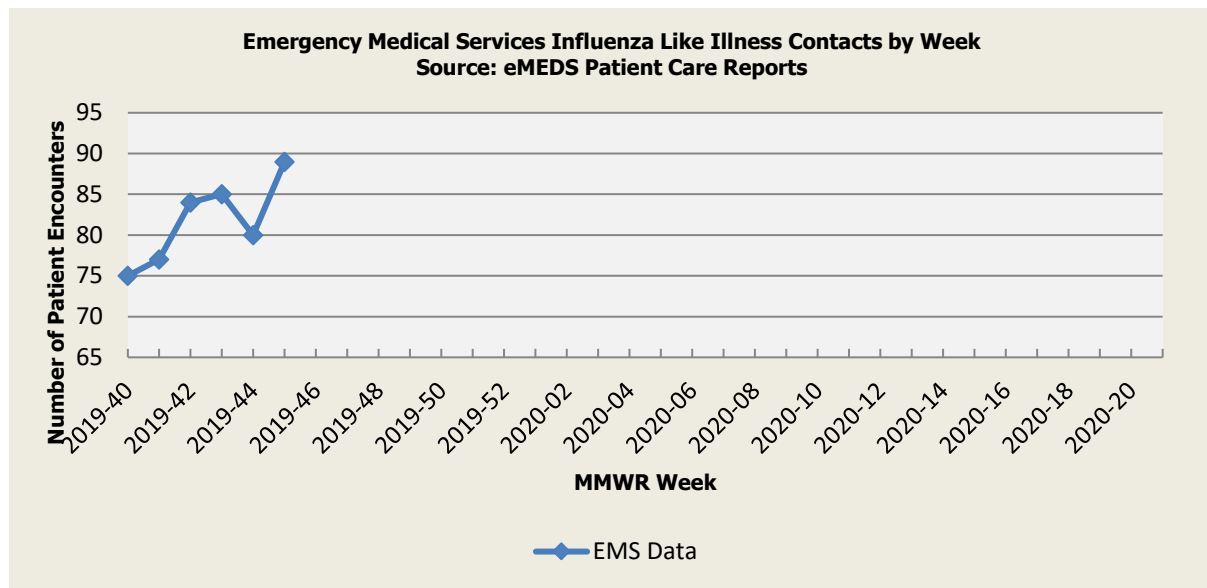


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.13	13.22	12.74	11.19	12.15
Median Rate*	7.66	10.32	9.27	8.73	9.43

\* Per 100,000 Residents

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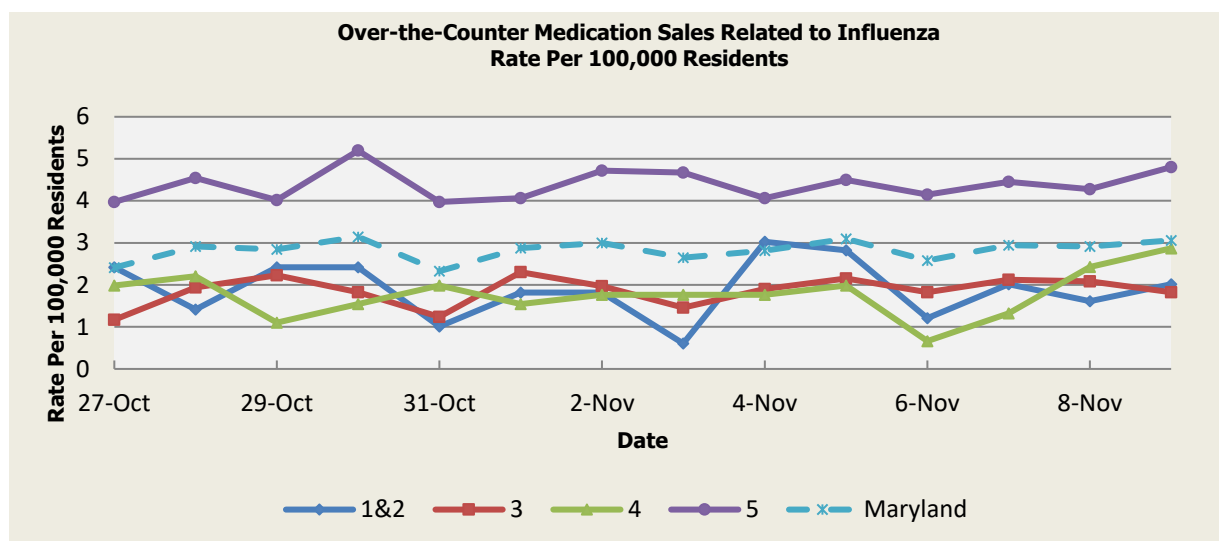
## Influenza-like Illness Contacts by Week



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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## Over-the-Counter Influenza-Related Medication Sales



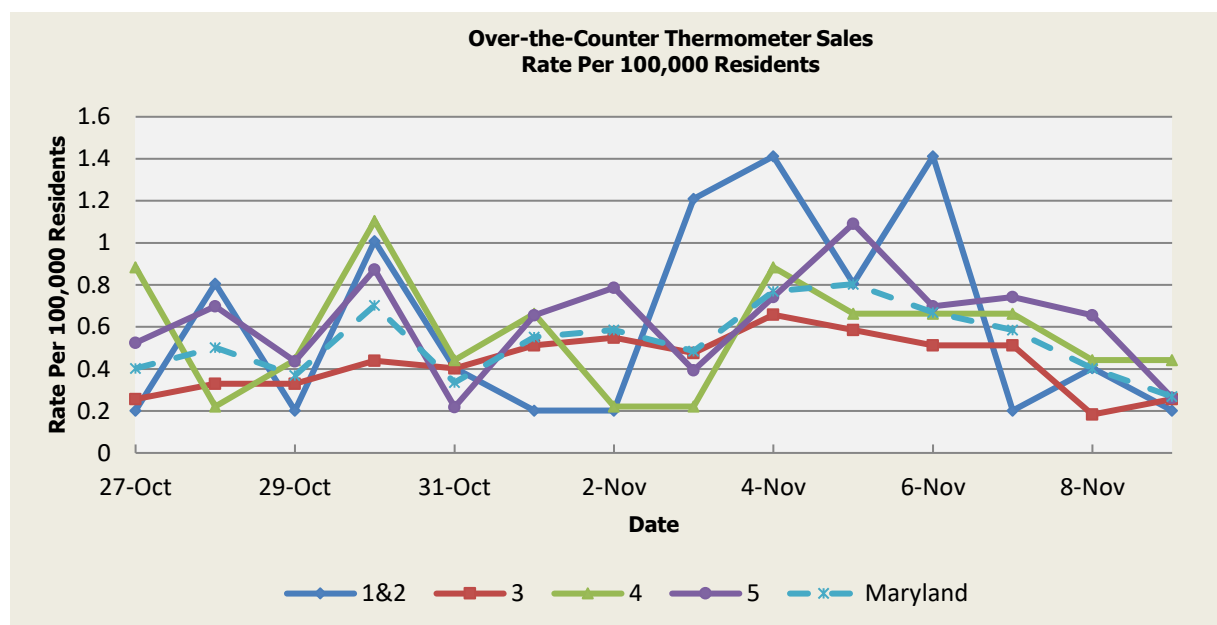
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.44	4.43	2.66	7.77	5.49
Median Rate*	2.82	3.58	2.21	6.99	4.72

\* Per 100,000 Residents

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## Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.91	2.78	2.22	3.69	3.09
Median Rate*	2.62	2.67	1.99	3.62	3.05

\* Per 100,000 Residents

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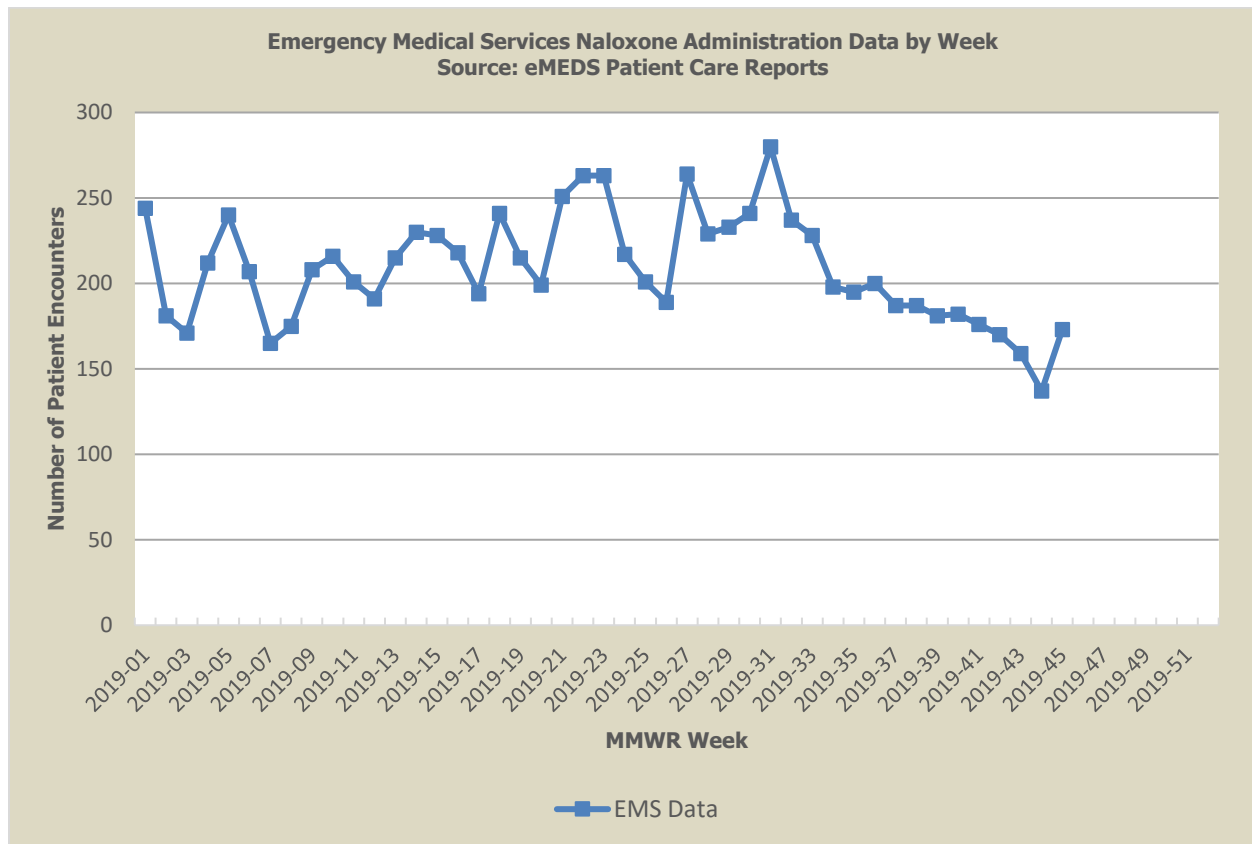
## **SYNDROMIC OVERDOSE SURVEILLANCE**

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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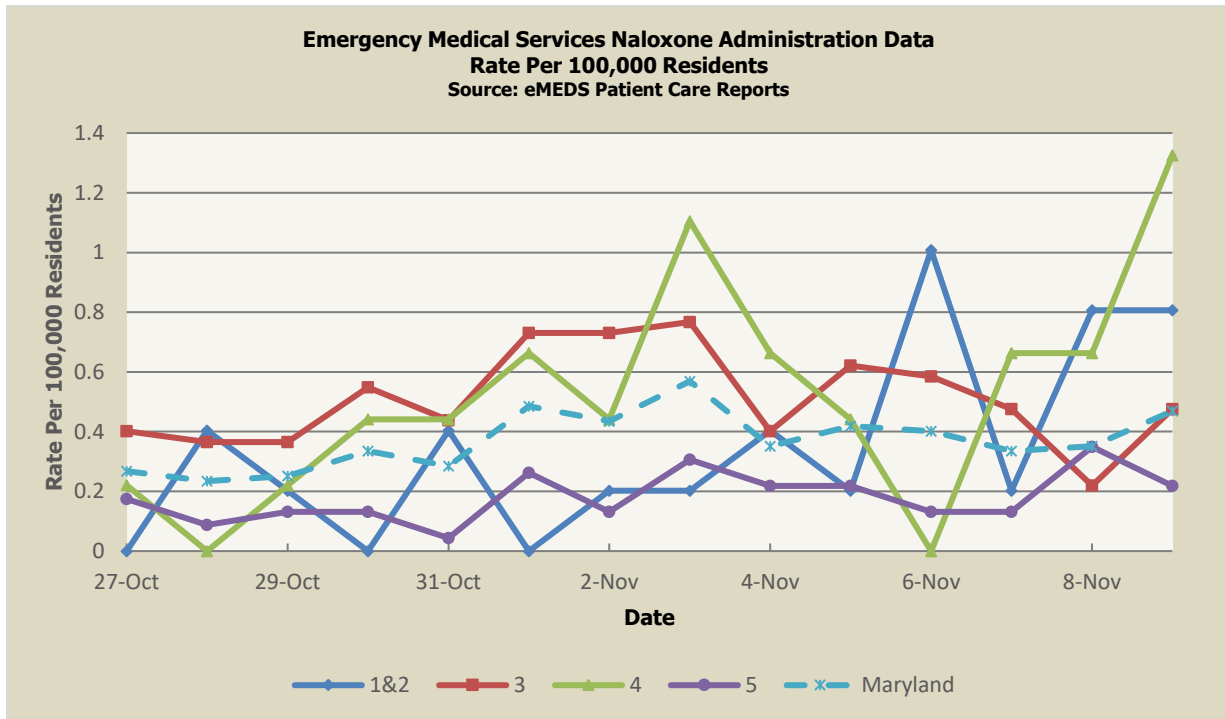
## Naloxone Administration Data by Week



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## Naloxone Administration Data



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of November 14th, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

### **AVIAN INFLUENZA**

*There were no relevant avian influenza reports this week*

### **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week*

## **NATIONAL DISEASE REPORTS**

**E COLI EHEC (WISCONSIN),** 14 Nov 2019, Over the past 5 days, our health care facility in northwest Wisconsin, has seen 3 women hospitalized with \_E coli\_ O157 infection. Read More: <https://www.promedmail.org/post/6778989>

**BOTULISM (NEW JERSEY),** On 13 Nov 2019, at 2:15 a.m., a woman aged 30 years and her mother, aged 55 years, both of Egyptian descent, arrived at an emergency department in New Jersey in hypotensive shock after 16 hours of abdominal pain, vomiting, and diarrhea. Read More: <https://www.promedmail.org/post/6773367>

**LEGIONELLOSIS (TEXAS),** 12 Nov 2019, The Tyler Morning Telegraph has learned [a man] died [Fri 8 Nov 2019] around 9:45 p.m. His family told reporter Cory McCoy he was fighting for his life after complications from legionnaires' disease and had been in and out of the hospital. Read More: <https://www.promedmail.org/post/6773515>

**RABIES (MULTISTATE)**, 10 Nov 2019, One person is being treated for rabies, and a litter of feral kittens has been euthanized after an Ocean View kitten tested positive for the virus, the Delaware Division of Public Health said Tuesday [5 Nov 2019]. Read More:

<https://www.promedmail.org/post/6771632>

**VAPING-RELATED ILLNESS (MULTISTATE)**, 10 Nov 2019, The federal government has zeroed in on vitamin E acetate as one of the main causes of a mysterious lung illness affecting more than 2000 people. Read More: <https://www.promedmail.org/post/6771539>

**EASTERN EQUINE ENCEPHALITIS (MULTISTATE)**, 10 Nov 2019, Severe cases of EEE begin with the sudden onset of headache, high fever, chills and vomiting, according to the NJ Department of Health. Read More: <https://www.promedmail.org/post/6760373>

**THELAZIA GULOSA (CALIFORNIA)**, 10 Nov 2019, A parasitic worm infection, once thought to only be found in cows, has shown up in a 2nd person in just 2 years, and it has experts worried that it may be on the rise in the US. Read More:

<https://www.promedmail.org/post/6758511>

**PERTUSSIS UPDATE (MULTISTATE)**, 10 Nov 2019, The Washoe County Health District has confirmed a 5th case of pertussis, commonly known as whooping cough, at Bishop Manogue High School. Read More: <https://www.promedmail.org/post/6749235>

## **INTERNATIONAL DISEASE REPORTS**

**VAPING RELATED ILLNESS (BELGIUM)**, 5 Nov 2019, An 18-year-old given an electronic cigarette for his birthday is thought to be the 1st person in Belgium to die from vaping. Read More: <https://www.promedmail.org/post/6779589>

**AMEBIC MENINGOENCEPHALITIS (PAKISTAN)**, 14 Nov 2019, [*Naegleria fowleri*] has claimed another life in Karachi on [Mon 11 Nov 2019]. This was the 16th death reported in the ongoing year [2019] because of the disease. According to details, a 28-year-old resident of New Karachi area was brought to a private clinic 4 days ago where he died of the disease during treatment. Read More: <https://www.promedmail.org/post/6778687>

**CREUTZFELDT-JAKOB DISEASE (CANADA)**, 14 Nov 2019, Moncton is a city of some 85 000 people in southeastern New Brunswick, Canada. In a CBC [Canadian Broadcasting Corporation] report today [12 Nov 2019], it is reported that a 3rd Creutzfeldt-Jakob disease (CJD) case this year [2019] -- all 3 cases had cataract surgery at the Moncton Hospital. Read More: <https://www.promedmail.org/post/6776732>

**ANTHRAX (INDIA)**, 13 Nov 2019, Anthrax outbreak has been reported in Dasmantpur block after 2 tribal [members] of S Dandabad were found to be affected by the disease. Five days back, some tribal [members] consumed beef in a function, following which abscesses were found among 2 of them. Read More: <https://www.promedmail.org/post/6776779>

**MERS-COV (69) (SAUDI ARABIA)**, 13 Nov, 2019, Since the last update [6 Nov 2019, MERS-CoV (68): Saudi Arabia (RI, QS) [20191106.6765455](https://www.promedmail.org/post/6776455)] there have been a total of 4 newly confirmed cases of MERS-CoV infection reported by Saudi Arabia including 1 fatality and 1 recovery outcome reports. Read More: <https://www.promedmail.org/post/6776647>

**PLAGUE (CHINA)**, 13 Nov 2019, Two people in China have been diagnosed with plague, the latest cases of a disease more commonly associated with historical catastrophe. Read More: <https://www.promedmail.org/post/6776154>

**WEST NILE VIRUS (EUROPE)**, 13 Nov 2019, Between 31 Oct and 7 Nov 2019, EU Member States reported a total of 4 human cases: 2 in Italy and one each in Germany and Greece. No cases were reported from EU neighboring countries. A human case was reported for the 1st time from an area in Germany. Read More: <https://www.promedmail.org/post/6774277>

**CRIMEAN-CONGO HEMORRHAGIC FEVER (PAKISTAN)**, 13 Nov 2019, The deadly Congo [Crimean-Congo hemorrhagic] virus has 'attacked' Karachi, the largest city of Pakistan, killing at least 20 people so far this year [2019]. Read More: <https://www.promedmail.org/post/6776002>

**RABIES (PAKISTAN)**, 11 Nov 2019, Another young man is awaiting death in an isolation ward of the Jinnah Postgraduate Medical Centre (JPMC) after developing full-blown rabies, as he was bitten by a rabid dog some 3 months ago but was not administered the rabies vaccine, officials said on Saturday [9 Nov 2019]. Read More: <https://www.promedmail.org/post/6773218>

**UNDIAGNOSED ILLNESS (INDIA)**, 10 Nov 2019, As many as 6 children have died of an unknown disease at Tamanpalli village under Kalimela block of Malkangiri district in the past 15 days, a source said. Several other children affected by the disease are undergoing treatment. Read More: <https://www.promedmail.org/post/6771445>

**DIPHtheria (SCOTLAND)**, 10 Nov 2019, Two cases of diphtheria have been confirmed in the Lothian area, the Herald [revealed]. Both individuals, who are believed to be receiving treatment for the disease in an Edinburgh hospital, had recently returned to Scotland after travelling abroad. Read More: <https://www.promedmail.org/post/6771386>

**LASSA FEVER (NIGERIA)**, 8 Nov 2019, The National Centre for Disease Control on Wednesday [6 Nov 2019] said 113 suspected cases of Lassa fever were reported in 12 council areas in 9 states and the Federal Capital Territory Read More: <https://www.promedmail.org/post/6767849>

**SYPHILIS (BRAZIL)**, 7 Nov 2019, Despite successive warnings in recent years, Brazil has not yet managed to stop the advance of syphilis. Last year [2018], the country recorded the largest number of cases of the disease since 2010, when reporting began to occur regularly, according to data from the Ministry of Health. Read More: <https://www.promedmail.org/post/6766508>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):  
<http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A



## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

